



MOBILE CRANE OPERATOR – HYDRAULIC 80 TONNES AND UNDER

EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA Customer Service
800 – 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks	Declaration Response
SAFETY	
Demonstrate knowledge of safe working practices for crane operators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of power line hazards and high voltage equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMMUNICATIONS	
Demonstrate knowledge of personnel involved in crane operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of hand signals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of radio communications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of workplace communications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use hand signals in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use radio communications in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks	Declaration Response
Communicate information clearly and check for understanding in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CRANES Demonstrate knowledge of types of cranes and classifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of terminology related to craning and craning concepts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of hoisting terminology, functions and systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of regulatory requirements pertaining to cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of crane components and attachments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of engines and ancillary systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of power transfer	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use crane components and attachments for mobile cranes in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
RIGGING AND LIFTING THEORY Demonstrate knowledge of lifting theory and forces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of slings (all types), rigging hardware, materials, inspection and capacity cards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of wire rope hoist line construction and inspection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use rigging hardware and tools in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
HOISTING FUNDAMENTALS Demonstrate knowledge of determining load weights using fundamental math functions and calculations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of determining the capacity of a crane using load charts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Interpret load charts and load study drawings to configure crane for workplace operation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TRANSPORTATION AND DELIVERY Demonstrate knowledge of BC Ministry of Transportation – Commercial Transport rules and regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge to assemble, set up to operate and disassemble a mobile crane at a worksite	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare and transport a mobile crane to a worksite following all highway and traffic rules and regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assemble, set up to operate and disassemble a mobile crane at a worksite	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge to prepare a mobile crane for transport and/or travel	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SITE PLANNING AND CRANE POSITIONING Demonstrate knowledge of accurate site assessment tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge to locate and safely position a crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Conduct an accurate site assessment and safely position a crane in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CRANE OPERATIONS Demonstrate knowledge of pre-operational requirements in crane operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of crane operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of lifting plans and rigging for cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge to leave a mobile crane unattended	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of mobile hydraulic crane 80 tonnes and under load charts and load calculations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Conduct pre-operational inspections of mobile cranes and equipment in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Conduct safe crane set-up according to manufacturer's specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a mobile hydraulic crane 80 tonnes and under to lift and place loads in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Leave a mobile crane unattended	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTENANCE AND SERVICE Maintain an equipment logbook to retain a permanent written record of maintenance and repairs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of inspecting engines, monitoring devices and hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of servicing and maintenance procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Complete mobile crane maintenance checklists (engine on/engine off) and maintain engines to manufacturer's specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform routine inspections and maintenance of hydraulic systems on mobile cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect monitoring devices and control mechanisms on mobile cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform service on engine cooling systems on mobile cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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